

## **ANNOUNCEMENT**

### **VACANCIES ON THE MEDICAID TBI WAIVER QUALITY IMPROVEMENT ADVISORY COUNCIL**

**The Medicaid TBI Waiver Program is seeking application to fill vacancies on its Quality Improvement Advisory (QIA) Council.**

**To be eligible, applicants must fall into one of the following categories:**

- ☐ Current or former program Member/Legal Representative/Family Member
- ☐ Stakeholder (family, community member, advocate of persons with TBI)
- ☐ TBI Waiver Provider

**What is the QIA Council?** The purpose of the Medicaid TBI Waiver Quality Improvement Advisory (QIA) Council is to provide guidance and feedback to the Department of Health and Human Resources Bureau for Medical Services and its Operating Agency in the development of an ongoing quality assurance and improvement system for the TBI Waiver Program.

**What is the role of the Council?** The role of the QIA Council is advisory in nature and therefore, it has no authority in administering the Medicaid TBI Waiver Program. Its function is to advise and assist WV BMS in program planning, development, and evaluation consistent with its stated purpose. In this role, the Quality Improvement Advisory Council shall:

1. Review findings from discovery activities.
2. Recommend Program priorities and quality initiatives.
3. Recommend policy changes.
4. Monitor and evaluate the implementation of Waiver priorities and quality initiatives.
5. Monitor and evaluate policy changes.
6. Serve as a liaison between the Waiver and its stakeholders.
7. Establish committees and work groups consistent with its purpose and guidelines.

**How often and where does the Council meet?** The QIA Council generally meets four times per year in October, January, April and July in Charleston, WV.

**If I send in a Membership Application, what happens next?** The Council's Membership Committee will review all applications and choose those that best represent the needs of the council (ex. Type of council member, location in the state, level of experience with the Medicaid TBI Waiver Program). If the Membership Committee would like to nominate you as a potential member, you will be contacted by phone or email to confirm your continued availability and interest in serving on the Council. The QIA Council will vote to select new members from the pool of nominees. If you are nominated for voting, you will be notified of the results.

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QUALITY IMPROVEMENT ADVISORY COUNCIL**

**The Medicaid TBI Waiver Program is seeking application to fill vacancies  
on its Quality Improvement Advisory (QIA) Council.**

**Current openings as of \_\_\_\_\_ are:**

<b>Member/LR/Family Term ends _____</b>	Former or current TBI Waiver Program member or their Legal Representative or Family Member
<b>TBI Provider Term ends _____</b>	Provider of TBI Waiver services.
<b>Ancillary No Term Ending</b>	Ancillary members will attend and participate in meetings, receive all council correspondence may apply to fill applicable vacancies as they arise. This member may be a member/family, stakeholder or provider.

**How Do I Apply?** Submit the completed Membership Application form via email [wvtbiwaiver@apshealthcare.com](mailto:wvtbiwaiver@apshealthcare.com) or fax to 866-607-9903.

**Membership Application**  
**WV Medicaid TBI Waiver Quality Improvement Advisory Council**

Type of representation on the council (check✓)

- ☐ Current or former program Member/Legal Representative/Family Member
- ☐ Stakeholder (family, community member, advocate of persons with TBI)
- ☐ Medicaid TBI Waiver Provider

Name	
Physical Address	
Email Address	
Telephone Number	
Date Submitted	

**Please provide a brief description of your experience in the field of disabilities and the Medicaid TBI Waiver program. Why do you want to serve on the QIA Council? (use back of page if necessary)**


☐ (Check if applicable) **I certify that I am willing and able to attend and participate in person in at least quarterly meetings of the QIA Council.**

**Applicant Signature:** \_\_\_\_\_